

FEB 06 2007

COMPLETED

FAX TRANSMISSION

DATE: February 6, 2007

PTO IDENTIFIER: Application Number: 09/681,586
Patent Number

Inventor: Victor V. GOGOLAK

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: MORRISON & FOERSTER LLP

Brian N. Fletcher

PHONE: (703) 760-7796

Attorney Dkt. #: 597932000200

PAGES (Including Cover Sheet): 5

CONTENTS:

Certificate of Transmission (1 page)
Transmittal (1 page)
Revocation of Power of Attorney or Authorization of Agent (1 page)
Status Inquiry (1 page)

If your receipt of this transmission is in error, please notify this firm immediately by collect call to sender at (703) 760-7796 and send the original transmission to us by return mail at the address below.

This transmission is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. You are hereby notified that any dissemination, distribution or duplication of this transmission by someone other than the intended addressee or its designated agent is strictly prohibited.

MORRISON & FOERSTER LLP
1650 Tysons Blvd, Suite 300, McLean, Virginia 22102
Telephone: (703) 760-7700 Facsimile: (703) 760-7777

COMPLETED

PTO/SB/87 (09-04)

Approved for use through 07/31/2006. OMB 0851-0031

U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application No. (if known): 09/681,585

Attorney Docket No. 597932000200

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office.

on February 6, 2007
Date


Signature

Wendy H. Rodriguez

Typed or printed name of person signing Certificate

N/A
Registration Number, if applicable

(703)0760-7752
Telephone Number

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Transmittal (1 page)

Revocation of Power of Attorney or Authorization of Agent (1 page)

Status Inquiry

FEB 06 2007

COMPLETED

PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

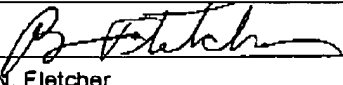
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/681,586	
	Filing Date	May 2, 2001	
	First Named Inventor	Victor V. GOGOLAK	
	Art Unit	Not Yet Assigned	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in This Submission	3	Attorney Docket Number	597932000200

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosures (please identify below):
<div style="border: 1px solid black; padding: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Brian N. Fletcher		
Date	February 6, 2007	Reg. No.	51,683

va-192391

RECEIVED
CENTRAL FAX CENTER

FEB 06 2007

PTO/SB/81 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/681,586		
	Filing Date	May 2, 2001		
	First Named Inventor	Victor V. GOGLAK		
	Title	METHOD FOR GRAPHICALLY DEPICTING DRUG ADVERSE EFFECT RISKS		
	Art Unit	2166		
	Examiner Name	Not Yet Assigned		
	Attorney Docket No.	597932000200		

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☒ The address associated with Customer Number:

OR

☒ Firm or Individual Name:

Address:


City	McLean	State	VA	Zip	22102
Country	USA	Telephone	703-760-7700	Fax	703-760-7777

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	10/17/05
Name	Victor Gogolak	Telephone	703-356-5864
Title and Company	Chief Executive Officer DrugLogic, Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of forms are submitted.